UNITED STATES DISTRICT COURT

for the

WESTERN District of PENNSYlvania

Civil Division

LESTER MOORE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-7

Robert Sarver, Strggant Gullispe

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

2:23 CJ 2052

(to be filled in by the Clerk's Office)

REGENTED

DEC 0 1 2023

CLERK, U.S. DISTRICT COURT FOIR THE WESTERN DISTRICT OF PENNSYLVANIA

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev.	12/16) Complaint for Violation of Civil Righ	ts (Prisoner)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Address

Buffer County Prison

Buffer County Prison

State

City

State

Zip Code

B. The Defendant(s)

Defendant No. 1

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Name	Robert SARVER
Job or Title (if known)	DERGEANT CORRECTIONAL OFFICER
Shield Number	U
Employer	Alleghony County Jail
Address	950 SECOND AVENUE
	Pitts burgh, PA 15219 State Zip Code
•	Individual capacity Official capacity
Defendant No. 2	
Name	SERGEANT CIUILISPE
Job or Title (if known)	SORGEANT CORRECTIONAL OFFICE
Shield Number	
Employer	Allegheny County Jail
Address	950 SECOND AVENUE
	Pittsburgh PA 15219 City State Zip Code
	Individual capacity

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Pro Se	14 (Rev. 12	/16) Complaint for Violation of Civil Rights (P	risoner)
		Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	
			City State Zip Code Individual capacity Official capacity
		Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address	City State Zip Code Individual capacity Official capacity
II.	Basis	for Jurisdiction	
	immu <i>Feder</i>	inities secured by the Constitution	tate or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under Bivens v. Six Unknown Named Agents of 388 (1971), you may sue federal officials for the violation of certain
•	A.	Are you bringing suit against (c	neck all that apply):
		Federal officials (a Bivens State or local officials (a §	
	В.	the Constitution and [federal la federal constitutional or statutor	ging the "deprivation of any rights, privileges, or immunities secured by ws]." 42 U.S.C. § 1983. If you are suing under section 1983, what y right(s) do you claim is/are being violated by state or local officials? PRIVATION of Property Ferndam, Stronger Sth. Amendment
	c.	Plaintiffs suing under Bivens m	ay only recover for the violation of certain constitutional rights. If you nstitutional right(s) do you claim is/are being violated by federal

	·	
D.	Section 1983 allows defendants to be found liable only when they he statute, ordinance, regulation, custom, or usage, of any State or Terrate U.S.C. § 1983. If you are suing under section 1983, explain how of state or local law. If you are suing under <i>Bivens</i> , explain how ear federal law. Attach additional pages if needed.	ritory or the District of Columbia." v each defendant acted under color
	ASSAULT & Official Oppression	
Priso	ner Status	ł
	ate whether you are a prisoner or other confined person as follows (che	ck all that apply);
Maior	Pretrial detainee	ή* ΄΄
	Civilly committed detainee	
	Immigration detainee	
	Convicted and sentenced state prisoner	
	Convicted and sentenced federal prisoner	
	Other (explain)	
Staten	nent of Claim	1
alleged further any ca	as briefly as possible the facts of your case. Describe how each defended wrongful action, along with the dates and locations of all relevant ever details such as the names of other persons involved in the events givings or statutes. If more than one claim is asserted, number each claim ent of each claim in a separate paragraph. Attach additional pages if references to the properties of	ents. You may wish to include ng rise to your claims. Do not cite and write a short and plain needed.
A.	If the events giving rise to your claim arose outside an institution, d	lescribe where and when they arose.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

JANUARY 3Rd, 2023 6:45-7:30 pm

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?

Was anyone else involved? Who else saw what happened?) I was assaulted by Multiple OfficeRS. I was handcuff and Escorted to the sally port where multiple Assaulted me. Sarver slapped me in my face, then Gullispe smashed my face into the wall. The officer on my right arm grinded the handcuff into my wrist lintil it punctured my skin leaving a cut on my wrist. The officer on my text arm smashed my foot by stomping on it with his boots, with is injured due to a gan shot would that killed my never sin my foot. This continued that killed my never sin my foot. This continued that he staff

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I had A CUT ON my wrist, two too NAIS CANS OFF my toos, And my face was a little swallen. I was don't medical technical

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. I want the Court to grant my Claim for a million dollars in punitive damages on the basis of cruel and unusual Banishment deprivation of proporty. Foodom, is liberty, Assault of official oppression. I didn't broad he rules to go to restricted housing. I was handcuffed, dotained and compliant who I was assaulted by those officers. There is no excuse for their actions, but this is an ongoing issue with staff in this facility.

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Pro Se I	4 (Rev. 12/10	6) Complaint for Violation of Civil Rights (Prisoner)
VII.	Exhaust	tion of Administrative Remedies Administrative Procedures
	with resi	son Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought pect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined ail, prison, or other correctional facility until such administrative remedies as are available are ed."
	Adminis exhauste	strative remedies are also known as grievance procedures. Your case may be dismissed if you have not ed your administrative remedies.
	A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
		Yes
		No
		If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
		Allegheny Causty Jail
	В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
		∑ Yes ·
		□ No
		Do not know
	C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
		Yes
		No No
		Do not know
		If yes, which claim(s)?
		1

Pro Se 14 (Rev. 1	2/16) Complaint for Violation of Civil Rights (Prisoner)
D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	X Yes
	No ·
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
•	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	ON A GIL tablet to BINTERNAL AFFAIRS
	2. What did you claim in your grievance?
	Assault and gross sexual imposition
	3. What was the result, if any?
	A detective came and interview me took pictures of my weist, and claimed he would investigate the issue. But he actually did nothing
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.) I wrote an appeal to Internal Affairs, but my appeal went unheard of unresponded, yes, I guess it was completed. I feally don't know because
	I would never got a rosponso.
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Pro Se la	1 (Rev. 12/1	6) Complaint for Violation of Civil Rights (Prisoner)
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	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		NA
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
		N/A
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		My Appeals to internal Attains were Redirect to departments with no contents of You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Previou	is Lawsuits
	the filing brought malicio	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying a fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the l	pest of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	Ye	s
	No.	1
	If yes, s	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes
	№ No
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number
	N/A
•	
	4. Name of Judge assigned to your case
	A\/A
	5. Approximate date of filing lawsuit
	N/A
	6. Is the case still pending?
	Yes
	□No
	If no, give the approximate date of disposition.
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	N/A
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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	Yes	
	☐ No	
D.	If your answer to C is yes, describe each lawsuit by answering questi more than one lawsuit, describe the additional lawsuits on another p	ions 1 through 7 below. (If there is page, using the same format.)
	Parties to the previous lawsuit	
	Plaintiff(s)	
	Defendant(s)	
	2. Court (if federal court, name the district; if state court, name the	e county and State)
	N/A	<u> </u>
	3. Docket or index number	1
	W/A	
	Name of Judge assigned to your case	
	N/A	
	5. Approximate date of filing lawsuit	1
	W/A	
	6. Is the case still pending?	
	Yes	
	No ·	
	If no, give the approximate date of disposition	
	7. What was the result of the case? (For example: Was the case d in your favor? Was the case appealed?)	ismissed? Was judgment entered
		I
	ds/A	1
		!

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: $\sqrt{9}$	3/2023		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	LESTER MOORE 42104 802 S. WASHington Butler City	Steet PA	1600 Zip Code
В.	For Attorneys			·
	Date of signing:		1	
	Signature of Attorney			· .
	Printed Name of Attorney Bar Number			
	Name of Law Firm Address		i	
	71441035	City	State	Zip Code
	Telephone Number	City	State 1	Lip Code
	E-mail Address			